U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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		For Official Olse Staly
		( AUG1 52005 )
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1. File Number U - 7086

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

•	Inc /1/04 Throughter / 31/04		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Thomas M& GINLEY	Name I BT LOCAL 560		
	Labor Organization File Number 021-915		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bullding and Room Number, if any		
Street 115 BOW STREET	street 707 SUMMIT AVENUE		
City BAYVILLE	City UNION CITY		
State 74, 5 ZIP Code + 4 0.8.721	State N. 5. ZIP Code + 407087		
5. Position in labor organization,			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street	·		
	·		
City			
State ZIP Code + 4			
Sig	nature "		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties) in the information.)			
Signed Momos Miller	on 8/9/05 2018640051		
110000	Date Telephone Number		
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